

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Pillar et al.

Title: REFUSE VEHICLE CONTROL

SYSTEM AND METHOD

Appl. No.: TBD

Filing Date: TBD

Examiner: TBD

CERTIFICATE OF EXPRESS MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.

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Christine A. Escavaille

(Signature)

UTILITY PATENT APPLICATION TRANSMITTAL

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Duane R. Pillar 1733 Iowa St

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William M. Woolman 4926 9th Street Rd.

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Enclosed are:

[X] Specification, Claim(s), and Abstract (46 pages).

[X] Informal drawings (12 sheets, Figures 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13 and 14).

[X] Executed Declaration and Power of Attorney (3 pages).

[X] Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed	Included in Basic		Extra Claims		Rate		Fee Totals
		Fee						
Basic Fee						\$750.00		\$750.00
Total Claims:	58	- 20	=	38	x	\$18.00	=	\$684.00
Indepen dents:	12	- 3	=	9	X	\$84.00	=	\$756.00
If any Multiple Dependent Claim(s) + \$280.00 present:							=	\$0.00
Surcharge under 37 CFR 1.16(e) for late + \$130.00 filing of Executed Declaration							=	\$0.00
						JBTOTAL:	=	\$2190.00
[] Small Entity Fees Apply (subtract ½ of above):							=	\$0.00
TOTAL FILING FEE:							=	\$2,190.00

- [X] A check in the amount of \$2,190.00, Check #12991 to cover the filing fee is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

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